

## **Adult Day Health Care Transportation**

**Definition:** This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center. Transportation will be provided using the most direct route, door to door, from the center to the individual's place of residence or other location, as agreed to by the provider and as indicated on the service authorization.

**Providers:** Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver.

**Arranging for the Service:** Once you have determined the individual lives within 15 miles of the Adult Day Health Care Center and is in need of transportation you must update the recipient's plan to include the need for the service and update the Community Supports Waiver budget requesting Adult Day Health Care Transportation Services (S95) and receive approval. Once approved, you may authorize the service.

The **Community Supports Form A-37** must be used **for all recipients**. The **Community Supports Form A-37** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The provider will be required to report any changes in the individual's status that affect the Adult Day Health Care Transportation Service, for example; if the individual moves and no longer resides within 15 miles of the center or family member transports. If these types of changes occur Adult Day Health Care Transportation will no longer be reimbursable.

The **Community Supports Form A-37** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. The following schedule should be followed when monitoring Adult Day Health Care Transportation Services:

- Must complete monitorship during the first month
- At least once during the second month of service
- At least quarterly thereafter

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Transportation?
- What type of vehicle is used to transport the individual (enclosed vehicle with adequate ventilation, heat, air conditioning and provision for wheelchair bound individuals)?
- Is the Adult day Health Care Transportation meeting the individual needs?
- How often does the individual receive Adult Day Health Care Transportation?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver

service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**TO:** \_\_\_\_\_

\_\_\_\_\_

**RE:** \_\_\_\_\_

**Recipient's Name**

/

**Date of Birth**

**Address**

**Medicaid #**    /    /    /    /    /    /    /    /    /    /    /    /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Prior Authorization #**    **C**    **S**    /    /    /    /    /

**Adult Day Health Care Transportation Services (A0120)**

Number of units/week: \_\_\_\_\_ (one unit=one day of ADHC Transportation)

Location of Pick up/ drop off: \_\_\_\_\_ (individual's home, other location)

Start Date: \_\_\_\_\_

**Service Coordinator:**        **Name / Address / Phone # (Please Print):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Authorizing Services

Date

**MEDICAID HOME AND COMMUNITY-BASED WAIVER**  
**SCOPE OF SERVICES**  
**FOR**  
**ADULT DAY HEALTH CARE TRANSPORTATION**

- A. Adult Day Health Care (ADHC) Transportation service is available to participants authorized for the ADHC service through a Medicaid Home and Community-Based waiver who reside within fifteen (15) miles of the ADHC center. This service will be provided using the most direct route, door to door, from the center to the participant's place of residence or other location as agreed to by the provider and as indicated on the service authorization. The service must be prior authorized by the Medicaid Home and Community-Based waiver case manager/service coordinator.
- B. ADHC Transportation service must be provided in an enclosed vehicle with adequate ventilation, heat and air conditioning, with provision for wheelchair bound and ambulatory participants as needed. ADHC Transportation does not include ambulance transportation, even when medically necessary.
- C. Providers who are directly providing transportation to participants will provide assistance to the participant from the door of the participant's residence to the vehicle and from the vehicle to the door of the participant's residence or other location as agreed to by the provider and as indicated on the service authorization.
- D. Transportation services are reimbursable only when provided to and from the ADHC center. For example, if the participant rides to the ADHC center with a family member and the ADHC center transports the participant home in the afternoon, reimbursement for the transportation service is not allowed.
- E. Authorization for ADHC Transportation will be separate from the ADHC authorization.
- F. Services provided prior to the Medicaid authorization date are not reimbursable.
- G. The Provider is required to complete a Mode of Transportation form indicating the number of miles the participant lives from the center. If it is determined that the participant is within fifteen (15) miles of the center, the Provider is required to notify the case manager that an authorization is needed for ADHC Transportation.
  - 4. The Provider is required to maintain verification of the mileage to a participant's home in the participant's record, such as a Mapquest map stating the mileage.
  - 5. The Provider is required to report any changes in the participant's status that affect ADHC Transportation (e.g. Participant moves and no longer resides within 15 miles of the center; family member transports participant to and from the center, etc.) to the case manager/service coordinator immediately. If these types of changes occur, ADHC Transportation will no longer be reimbursable.
  - 6. Drivers employed by the ADHC who transport Home and Community-Based waiver participants must have a valid driver's license and be certified in first aid.
- H. The ADHC Transportation service provider must maintain a participant record containing

documentation supporting services provided and billed.

- I. Providers of ADHC Transportation service must use the automated systems mandated by CLTC to document and bill for the provision of services.

**Effective July 1, 2009**